

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – FOREIGN TITLE COMPANY
For the Year Ending December 31, _____

PF-P

INSTRUCTIONS

PENALTIES: Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner. Any Company, other than a Fraternal, failing to electronically file the annual statement on a timely basis with the NAIC shall be subject to a penalty of \$250 and may have its Certificate of Authority suspended or revoked. Fraternals shall be subject to a penalty of \$100 per day for each day the Annual Statement is late.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Include two (2) forms of supporting documentation for each credit taken on the reverse side.
- () The Alabama Office Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () Include supporting calculations for the Retaliatory Statement.
- () Make checks payable to: Alabama Department of Insurance. **We DO NOT have an EFT account at this time.**
- () Submit **ONE CHECK** for Premium Taxes, **ONE CHECK** for License Renewal/Filing Fees, and **ONE CHECK** for Retaliatory Tax.
- () Mail Tax Return, Checks, Official List and Application for License Renewals to:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____
Name of Company _____

Preparer's Signature _____ Name and Title (Print) _____

Telephone Number & E-Mail Address of Preparer _____

PREMIUM TAXES AND FEES

FEES: Renewal of Certificate of Authority

PI \$ 505.00

Annual Statement Filing Fee:
Check No. _____

PJ \$ 25.00

State of _____, County of _____
_____, President and _____ Secretary

of the _____ Insurance Company
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this _____ Day of _____, 20 _____. My commission expires _____		_____ _____ _____
		President Secretary Notary Public

STATE OF ALABAMA DEPARTMENT OF INSURANCE

PF-P

FOREIGN TITLE COMPANY- CASUALTY BUSINESS

for the period ending December 31, _____

NAIC# _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

TAX RATE

TAX

1.	CASUALTY BUSINESS (max. rate: 3.6% see instructions)	AOB--		X _____ =	\$ _____
2.	HEALTH:				
	a) Groups with less than 50 participants	GL50--		X <u>.5%</u> =	\$ _____
	b) Other Health	OH--			
	LESS: Medicare & Medicaid Supplement policies	MMP--			
	LESS: Employer sponsored Plans for govt. employees	EGP--			
	TOTAL TAXABLE OTHER HEALTH	TOP--		X <u>1.6%</u> =	\$ _____
3.	GROSS PREMIUM TAX DUE:			=	\$ _____
4.	***DEDUCTIONS:				
	a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama		\$ _____		
	b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer		\$ _____		
	c) Ad valorem taxes paid directly or in the form of rent to a third-party landlord on the insurer's offices in Alabama, apportioned by the square foot area occupied by the insurer		\$ _____		
		ADV---			\$ _____
					Total 4a – 4c
	d) All assessments paid during the year to the Alabama Health Insurance Plan (AHIP)	AHIP---			\$ _____
	e) All examination expenses paid to the Alabama Commissioner of Insurance	EXAM---			\$ _____
	f) 60% of Alabama franchise and privilege taxes paid	FT---			\$ _____
	g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment	GFA---			\$ _____
5.	Total Deductions (total of lines 4a – 4g)	Totaled----			\$ _____
6.	NET PREMIUM TAX DUE (line 3 less line 5; if line 5 is greater than line 3 enter zero)				\$ _____
7.	LESS: Quarterly Premium Tax Payments				\$ _____
8.	LESS: Prior Year Overpayment				\$ _____
9.	PREMIUM TAX PAID (line 6 less lines 7 and 8)	PF---			\$ _____

**Line item 2b (tax-exempt premium only) require supporting documentation. A *policy run*, which can be obtained from the Company's underwriting unit will suffice as documentation.

*** Lines 4a –4g require *two* forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a canceled check or verification of an EFT payment. The second form of documentation may include a bill, an assessment, or a tax return.